STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Paul Davis Victory Fund PO Box 1914 ADDRESS (number and street) (Check if address is changed) Topeka 66601 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@pattonprocessing.com (Check if address is changed) Optional Second E-Mail Address shelbie@davisforkansas.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00688101 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hutton, Bill, , , Type or Print Name of Treasurer Hutton, Bill, , , [Electronically Filed] 09 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	PAUL DAVIS FOR KANSAS FEC ID number C C0069	53121
	2.	KANSAS DEMOCRATIC PARTY FEC ID number C C0001	9380
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02	/2009)	Page 3
Write or Type Committee Name		
Paul Davis Victo	ry Fund	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NONE		
Mailing Address		
maining radioss		
		-
1	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponso
Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in pos	session of committee
Hutton, Bill,		
	PO Box 1914	
	Topeka KS 66601	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nar sistant treasurer).	me and address of
Full Name Hutton, Bill, of Treasurer	, 	
Mailing Address	PO Box 1914	
Į		
I	Topeka KS 66601	
Title or Position Treasurer	CITY STATE	ZIP CODE

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
		. _
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit bo Name of Bank, D		accounts, rents
safety deposit bo	xes or maintains funds.	
safety deposit bo Name of Bank, E	Capitol Federal 700 S Kansas Avenue Topeka KS 66603	ZIP CODE
safety deposit bo Name of Bank, D	Capitol Federal 700 S Kansas Avenue Topeka CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Capitol Federal 700 S Kansas Avenue Topeka CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Capitol Federal 700 S Kansas Avenue Topeka CITY STATE	
Safety deposit bo Name of Bank, E Mailing Address Name of Bank, E	Capitol Federal 700 S Kansas Avenue Topeka CITY STATE	
Safety deposit bo Name of Bank, D Mailing Address	Capitol Federal 700 S Kansas Avenue Topeka CITY STATE	